

# KANSAS HIV/STD SÜRVEILLANCE UPDATE

Kansas Department of Health and Environment, Bureau of Epidemiology and Disease Prevention

AIDS Ribbon was designed by the Kansas Capitol Chapter of the American Red Cross to raise hope and awareness in the state of Kansas and support the fight against HIV/AIDS.

VOL. 4 #1

January, 2003

"From 1991 to 2001 reported cases of early syphilis had been declining in Kansas but in 2001 there was a three fold increase of reported early syphilis cases when compared to 2000."

See page 2 for Article "Reported Early Syphilis Infections in Kansas between 01-01-02 and 12-31-02"

The Kansas HIV/STD Surveillance Newsletter along with additional information may be obtained from our web site: http://www.kdhe.state.ks.us/hiv-std

Printed copies of this newsletter are also available upon request.

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### Our Mission:

The HIV/STD section works to promote public health and enhance the quality of life for Kansas residents by the prevention, intervention, and treatment of HIV and other STDs. The mission will be accomplished through policy and resource development, clinical data collection and analysis, research, education, prevention programs, disease detection, and the provision of treatment and clinical care services.

HIV/STD Surveillance Update is a semi-annual publication of the Kansas Department of Health and Environment with funding assistance from the Centers for Disease Control and Prevention.

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HIV Main Office
STD Main Office
Data Request HIV/AIDS785-296-5597
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Data Request STD
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HIV Prevention Director
HIV Counseling/Testing 785-296-5588
HIV/STD Surveillance Director 785-368-8218
HIV/STD Training/Education 785-296-6545
HIV/STD Partner Notification 785-296-6177

# **BULLETIN BOARD**

March 1, 2003 to July 31, 2003

Community Planning Group:
Conference Call
11:45am - 1:45 pm
Conference Call
11:45am - 1:45 pm
Meeting 05/08/03-05/09/03
Fort Scott, Kansas
Conference Call
11:45am - 1:45 pm
Meeting
Wichita, Kansas

For more information call 785-368-8217

# **CARE Consortia and Prevention Education:** Consortia Steering Committee . . . . . . . 03/18/03 Conference Call 12:00pm - 1:00pm Consortia Only Meeting . . . . . . . . . . 03/27/03 Wichita, Kansas Consortia Steering Committee . . . . . . 07/15/03 Conference Call 12:00pm - 1:00pm Consortia & Prevention Meeting. . . . 07/24/03 Salina, Kansas

For more information call 785-296-8701

Kansas City Title 1 Planning	Council:
Meeting *	03/11/03
3:00pm - 5:00pm	
Meeting *	04/15/03
3:00pm - 5:00pm	
Meeting *	05/20/03
3:00pm - 5:00pm	
Meeting *	06/17/03
3:00pm - 5:00pm	
Meeting *	07/15/03
3:00pm - 5:00pm	

\*All meetings are at the KC, MO Health Dept. For more information call 816-513-5588

### **Satellite Broadcasts:**

Rapid Testing	04/24/04
www.phppo.cdc.gov/phtm	

For more information call 785-296-5588

# 2003 HIV PREVENTION WHO SHOULD ATTEND:

Although all interested persons are welcome to attend these training sessions, courses are designed for KDHE contractors. **HIV Counseling and Testing Site Counselors** must attend courses 1 & 2 prior to beginning counseling clients. **HIV Prevention Health Education/Risk Reduction Contractors** must complete courses 1, 2 & 5 during their first year of employment, and have at least one person certified in courses 3 & 4.

Ryan White Title II CARE Case Managers must complete courses 1, 2, and 5 during their first year of employment. All contractors are strongly encouraged to attend courses 3 & 4.

Continuing Education (CE) Hours are available for an additional fee of \$20/course.

**Registration fee waivers** are available for HIV-infected persons. Make requests at least two weeks in advance to the KDHE Training Coordinator, (785) 296-6545.

For More Information: For brochures or course questions, call (785) 296-6545. Bibliography will be provided with course materials. Information about registration is available from Kansas State University by calling (785) 532-5569 or (800) 432-8222, or visit http://www.kdhe.state.ks.us/aids or http://www.dce.ksu.edu/dce/conf/HIV-AIDS 2003

Cosponsors: include the Kansas Departments of Health & Environment, Education, and Social and Rehabilitation Services, Addiction and Prevention Services; American Red Cross; Development Systems, Inc.; and Kansas State University, Division of Continuing Education.

# **COURSE INFORMATION**

1. HIV/STD Basic Training - \$20 Includes American Red Cross HIV Starter Facts certification. Topics include: current transmission and prevention issues, including human sexuality and drug use; statistics; attitudes and terminology related to risk behaviors; and basic psychosocial needs of infected persons.

### COURSE INFORMATION cont...

- 2. Behavior Change Counseling Strategies \$20 Topics include: behavior change counseling concepts and skills; assisting clients in reducing risks of acquiring or transmitting HIV/STDs; helping clients improve perception of risk; negotiating realistic and incremental plans for clients to reduce risk; helping clients integrate test results emotionally, behaviorally, and socially; and resources/referrals for counselors.
- 3. The Training That Dare Not Speak Its
  Name (Cultural Diversity: Sexual Minorities
  and HIV Services) \$15 Topics include:
  awareness of potential barriers to HIV services,
  personal attitudes and beliefs and how they may
  affect services, and society's prejudices and
  resultant barriers to services; Standards of
  Practice for Provision of Services; developing
  an action plan for providing culturally
  appropriate services; and resources for
  providers.
- 4. Cultural Diversity: Populations of Color and HIV Services \$15 Topics include: awareness of the culture and psychosocial issues involved in the African American, Native American and Hispanic response to AIDS; culturally sensitive factual information; ways to incorporate cultural elements into HIV prevention; answering HIV/AIDS questions in a culturally sensitive and age appropriate manner; and challenges people of color face in HIV prevention. The course is taught by African American, Native American and Hispanic instructors in a comfortable, safe, fun, and culturally sensitive environment.
- 5. Basic HIV Program: Fundamentals and **Prevention Skills -**\$35 *Must have satisfactorily* completed Course 1. Includes American Red Cross Fundamentals of Instructor Training certification. Topics include: planning education sessions and assessing group needs; sharing facts and facilitating interactive skill-building activities about HIV/AIDS accurately, nonjudgmentally, and sensitively with people from diverse groups and communities; discussing facts related to sensitive issues like sex/sexuality and drugs/drug use; encouraging people to apply facts about HIV/AIDS to their own behavior; practicing using Modules 1-4 for working with community groups of persons age 17+; and making referrals to community resources.

# 2003 HIV PREVENTION TRAINING

Month	1. HIV/STD Basic Training \$20 Tuesday	2. Behavior Change Counseling Strategies \$20 Wednesday	3. The Training That Dare Not Speak Its Name \$15 Thursday	4. Cultural Diversity: Populations of Color and HIV Services \$15 Thursday	5. Basic HIV Program: Fundamentals and Prevention Skills \$35 Tuesday, Wednesday & Thursday
January	Topeka 1/14/03	Topeka 1/15/03	Topeka 1/16/03		
February					
March	Wichita 03/18/03	Wichita 03/19/03		Wichita 03/20/03	
April					Topeka 04/15-17/03
May	Hays 05/20/03	Hays 05/21/03	Hays 05/22/03		
June					Wichita 06/17-19/03
July	Kansas City 07/15/03	Kansas City 07/16/03		Kansas City 07/17/03	
August					Kansas City 08/19-21/03
September	Wichita 09/16/03	Wichita 09/17/03	Wichita 09/18/03		
October					Wichita 10/21-23/03
November	Salina 11/18/03	Salina 11/19/03		Salina 11/20/03	
December					

### Reported Early Syphilis Infections in Kansas between 01-01-02 and 12-31-02

Prevention and intervention of syphilis in Kansas is a major health concern. Many areas in Kansas report few or no syphilis cases but are at significant risk for syphilis because of one or more of the following characteristics: 1. History of high syphilis rates in the 1990s, 2. Port or border jurisdiction or are located along migration paths, 3. Located along drug trafficking corridors, 4. Include groups that are disproportionately affected by syphilis such as illicit drug users and people exchanging sex for money or drugs. Areas that include one or more of these characteristics are called, "Potential Re-emergence Areas" and the Centers for Disease Control recommends that states focus primarily on enhanced surveillance and rapid outbreak response in these areas. (The National Plan to Eliminate Syphilis from the United States, October 1999, Centers for Disease Control and Prevention). The STD Program seeks to utilize all possible resources in delivering rapid and comprehensive prevention and intervention strategies to control early syphilis cases (infections less than 12 months duration).

From 1991 to 2000 reported cases of early syphilis had been declining in Kansas but in 2001 there was a three fold increase of reported early syphilis cases when compared to 2000. There were 15 cases reported in 2000 and 44 cases reported in 2001. The increase of early syphilis was attributed to an outbreak in Topeka and one in Wichita. The Topeka outbreak accounted for 19 cases or 43 percent of all early syphilis in Kansas for 2001 and revolved around commercial sex workers and methamphetamine/cocaine usage. This outbreak persisted throughout the first half of 2002 before being controlled. There were eight cases in the first half of 2002 and only two cases in the second half, both in August. The Wichita outbreak, which consisted of 10 early syphilis cases, was linked to crack (cocaine) usage and sex for drugs/money. The outbreak in Wichita did not persist beyond the fall of 2001. Reported Early Syphilis Infections in Kansas Between 01-01-2001 and 12-31-2001 documents the efforts of the Kansas STD Program to overcome these outbreaks.

Thirty-nine cases of early syphilis were reported from January 1, 2002 to December 31, 2002. In 2002 the focus of early syphilis control and prevention shifted to Wyandotte County (Kansas City area). In the last three months of 2002, Wyandotte County reported seven early cases of syphilis. Five of these cases are crack users and the other two are sexual partners of crack users. Johnson County which is adjacent to Wyandotte County reported four cases of early syphilis in December alone. Two of these Johnson County cases are methamphetamine/crack users and the other two cases are sexual partners with methamphetamine/crack users. This outbreak accounted for 28 percent (11 cases) of all the early syphilis cases in Kansas for the year.

African/Americans and Hispanics accounted for 19 cases and 6 cases of reported early syphilis cases respectively in 2002. Historically minorities in Kansas and nationwide have been disproportionately impacted by syphilis. This may reflect reporting bias or reflect differences in core syphilis prevalence and social environments. Whites accounted for 14 of the reported

early syphilis cases.

The male to female ratio of the 39 cases in Kansas for 2002 was 1:0.8 (22/17). Two female cases named female sex partners but no male case named male sex partners. The median age of an individual infected with early syphilis was 34 years of age and the age range was 18 to 60 years of age. There were no congenital syphilis cases reported in Kansas in 2002. There was one pregnant female treated for early syphilis in calendar year 2002. There were seven pregnant females treated for early syphilis in 2001. Two newborns met the CDC case definition for presumptive congenital syphilis in 2001, but neither had any signs or symptoms of disease.

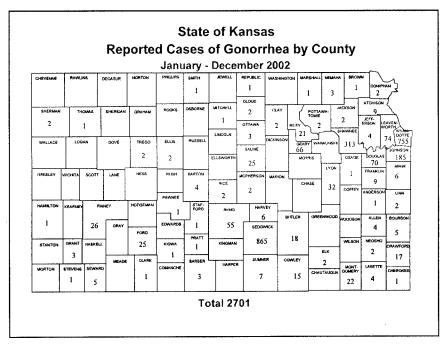
Disease Intervention Specialists (DIS) again made a decisive impact on the course of early syphilis in Kansas during 2002. Fourteen (36 percent) of all the new early syphilis cases in Kansas for 2002 were discovered through DIS intervention activities. Thirty-eight individuals at risk for developing syphilis were preventatively treated. Preventative treatment is an aggressive treatment schedule recommended by CDC to minimize the spread of disease and is one of the steps recommended in the syphilis elimination program. Additionally, in 2002 DIS investigated 91 sexual contacts and 55 social contacts to the 39 early syphilis cases. It must be noted that of the 39 cases of early syphilis diagnosed in Kansas, nearly two-thirds (24) were symptomatic (infectious) syphilis cases. One goal of the program is -to maintain a high percentage of early symptomatic syphilis diagnoses compared to early latent (non-infectious) syphilis diagnoses. The high percentage of early symptomatic syphilis being found through screening and disease intervention indicate that Kansas is addressing the disease aggressively and finding disease earlier in its course thereby having a positive impact and preventing the spread of the disease in at risk populations. Continuing this effort should prevent large uncontrolled outbreaks of the kind that have occurred in other areas of the country.

Outbreaks in Topeka and Wichita were minimized by aggressive actions of local DIS with the assistance of DIS from other areas and STD Program management. The actions include intensive disease specific interviews for each case within a week of the report and follow-up interviews for each case within a week of the original interview. Each sexual partner and social contact from each case is thoroughly investigated within a week of initiation. Additionally, site visits to laboratories, medical centers, hospitals and correctional facilities in the outbreak areas are carried out by DIS to improve intervention and surveillance. The nature of these outbreaks are similar to what has occurred in other areas of the country in the last few years where syphilis rates have soared far above the national averages. However, the relatively quick recognition of the potential of the outbreaks in conjunction with aggressive and persistent disease intervention activities has diminished outbreaks in Kansas. These same aggressive prevention and control measures will be conducted during 2003 in the Kansas City.

# State of Kansas Reported Cases of Chlamydia by County

January - December 2002 CLOUD POTTAWA TOME JEFF-ERSON 197 <sup>l</sup> ELLIS ELLSWOR Frankui LYON GREELEY SCOTT BUTLER STANTON ELK MORTON MONT-BOMERY 

**Total 6758** 



# State of Kansas Reported Cases of Early Syphilis by County

CHEYEINE NAWAINS DECATLE NOTION PRILIPS SMITH JEWELL REPUBLIC WASHINGTON MARRIALL NEMANN SROWN DOMPHAND

SHERMANN TROMAS SHERICAN GRAMAM ROOKS CEBICINE MITCHELL CLOUD CLAY POTTAWA.

WALLAGE LODAN GOVE TRECO ELIS RUSSELL LINCOLN CHARLES OCTIONS SALER CONTENSON DOSTER AND CONTENSOR D

Total 39

Kansas Incidence Prevalence and Cumulative AIDS Cases as

		ident* AIDS ember 2002		evalent** AIDS December 2002						
Cases	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage		
Adult/Adolescent	51	100.00	1,014	99.61	2,438	s of December 2002         Cases as of December           r         Percentage         Number         Percentage           99.51         807,075         98.           .49         9,074         1.           100.00         816,149         99.           .49         9,074         1.           .61         4,428         .5           .21.67         133,725         16.           .44.86         362,022         44.           .23.22         216,387         26.           .9.14         90,513         11.           .0         0         0.0           .100.00         816,149         99.           .74.24         343,889         42.           .17.67         313,180         38.           .6.53         149,752         18.           .45         6,157         .7           .1.02         2,537         .3           .08         0         0.0           .100.00         816,149         99.           .89.80         670,687         82.           .10.20         145,462         17.           .9.66         201,326         24.	98.88			
Pediatrics (<13 Years)	0	0.00	4	0.39	12	.49	Number   Percent	1.11		
Total	51	100.00	1,018	100.00	2,450	100.00	816,149	S. Cumulative*** AIDS iscs as of December 2001  mber Percentage 7,075 98.88 074 1.11 5,149 99.99 074 1.11 428 .54 3,725 16.38 2,022 44.35 5,387 26.51 3,513 11.09 0 0.00 5,149 99.98 3,889 42.13 3,889 42.13 3,889 42.13 3,889 42.13 0 0.00 5,149 99.90 0,687 82.17 5,462 17.82 0 0.00 5,149 99.99 3,897 45.71 1,326 24.94 3,293 6.35 292 .65 4,131 11.16 971 1.11 3,091 10.04 7,075 99.96 284 91.29 381 4.19 173 1.90		
Age****										
<13	0	0.00	4	0.39	12	.49	.49 9,074			
13-19	0	0.00	9	.88	15	.61	4,428	.54		
20-29	11	21.57	226	22.20	531	21.67	133,725	16.38		
30-39	17	33.33	457	44.89	1,099	44.86	362,022	44.35		
40-49	19	37.25	251	24.66	569	23.22	216,387	26.51		
50+26	4	7.84	71	6.97	224	9.14	90,513	11.09		
Unknown	0	0.00	0	0.00	0	0	0	0.00		
Total	51	100.00	1,018	100.00	2,450	100.00	816,149	99.98		
Race/Ethnicity								1996		
White, Non-Hispanic	31	60.78	685	67.29	1,819	74.24	343,889	42,13		
Black, Non-Hispanic	11	21.75	219	21.51	433	17.67	313,180	38,37		
Hispanic, Non-White	7	13.73	97	9.53	160	6.53	149,752	18.34		
Asian/Pacific Islander	0	0	5	.49	11	.45	6,157	.75		
American Native/Alaska Native	2	3.92	11	1.08	25	1.02	<del> </del>	.31		
Unknown	0	0.00	1	0.10	0	.08	0	0.00		
Total	51	100.00	1,018 100.0		2,450	100.00	816,149	99.90		
Gender					2011 2711 284	314 72 73				
Male	43	84.31	878	86.25	2,200	89.80	670,687	82.17		
Female	8	15.69	140	13.75	250	10.20	145,462	17.82		
Unknown	0	0	0	0.00	0	0.00		0.00		
Total	51	100.00	1,018	100.00	2,450	100.00	816,149	99,99		
Adult/Adolescent Exposure Category										
Men who have sex with men (MSM)	24	47.06	592	58.56	1,557	64.00	368,971	45.71		
Injection Drug User (IDU)	5	9.80	110	10.88	235	9.66	201,326	24.94		
MSM and IDU	5	9.80	96	9.50	227	9.33	51,293	6.35		
Hemophilia and /or Coagulation Disorder	0	0	9	.89	41	1,69	5,292	.65		
High Risk Heterosexual Contact	8	15.69	145	14.34	227	9.33	90,131	11.16		
Transfusion/Transplant	1	1.96	10	.99	48	1.97	8,971	1.11		
Risk Not Known	8	15.69	49	4.84	98	4.03	81,091	10.04		
Total	51	100.00	983	100.00	2,433	100.01	807,075	99.96		
Pediatric (<13 years) Category										
Hemophilia and/or Coagulation Disorder	0	0.00	2	28.57	5	29.41	236			
Mother with HIV infection	0	0.00	3	42.86	10	58.82	8,284	91.29		
Transfusion/Transplant	0	0.00	1	14.29	1	5.88	381	4.19		
Risk Not Known	0	0.00	1	14.29	1	5.88	173	1.90		
Total	0	0.00	7	100.00	17	99,99	9,074	99.98		

<sup>\*\*</sup> Incidence is the number of new cases in a specific time.

\*\* Prevalent cases are those people presumed living with HIV and AIDS.

\*\*\* Cumulative cases are those people ever reported with HIV and AIDS.

\*\*\*\*Statistics for U.S. Data is taken from the CDC Surveillance Report

\*\*\*\*\*Age is based on the age at diagnosis

Kansas Incidence, Prevalence and Cumulative HIV Cases as of December 31, 2002

Cases Adult/Adolescent Pediatrics (<13 Years) Total Age***** <13 13-19 20-29 30-39 40-49 50+ Unknown Total Race/Ethnicity White, Non-Hispanic Black, Non-Hispanic Hispanic, Non-White Asian/Pacific Islander American Native/Alaska Native Unknown Total Gender Male Female Unknown Total	Kansas l Jan 1, 2002	Incident* HIV 2 to Dec 31, 2002		evalent** HIV December 2002		lative*** 111V ecember 2002		lative****IIIV December 2001
Cases	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Adult/Adolescent	83	98.81	387	98.47	395	98.50	35,032	98.47
Pediatrics (<13 Years)	1	1.19	6	1.53	6	1.50	543	1.53
Total	84	100.00	393	100.00	401	100.00	Cases as of December  Percei 35,032 98. 543 1.5 35,575 100 3,923 2.2 6,587 3.7 52,591 30. 66,267 38. 32,812 18. 11,837 6.8 9 .0 174,026 100 61,640 35. 88,979 51. 19,629 11. 852 .4 962 .5 1,964 1.1 174,026 100 174,026 100 174,026 100 51,216 29. 9 .0 174,026 100 52,139 30. 25,514 13. 6,651 3.9 492 .2 27,754 16. 914 .5 58,639 34. 170,103 100 109 1109 2.7 3,336 85. 47 1.7 431 10.	100.00
Age****							Variation (	
<13	1	1.19	6	1.50	6	1.50	3,923	2.25
13-19	3	3.57	19	4.74	19	4.74	6,587	3.79
20-29	19	22.62	107	26.68	107	26.68	52,591	30.22
30-39	33	39,29	162	40.90	164	40.90	66,267	38.08
40-49	20	23.81	70	18.20	73	18.20	32,812	18.85
50+	8	9.52	29	7.38	32	7.98	11,837	6.80
Unknown	0	0	0	0,00	0	0.00	9	.01
Total	84	100.00	393	100.00	401	100.00	174,026	100.00
Race/Ethnicity								
White, Non-Hispanic	39	46.43	226	57.51	231	57.61	61,640	35.42
Black, Non-Hispanic	20	23.81	94	23.92	94	23.44	88,979	51.13
Hispanic, Non-White	18	21.43	47	11.96	49	12.22	19,629	11.28
Asian/Pacific Islander	2	2.38	3	.76	4	1.00	852	.49
	0	0	2	.51	2	.50	962	.56
Unknown	5	5.95	21	5.34	21	5.24	1,964	1.13
Total	84	100.00	393	100.00	401	100.00	174,026	100.01
Gender								
Male	61	72.62	311	79.13	318	79.30	122,801	70.56
Female	23	27.38	82	20.87	83	20.70	51,216	29.43
Unknown	0	0	0	0.00	0	0.00	9	.01
Total	84	100.00	393	100.00	401	100,00	174,026	100.00
Adult/Adolescent Exposure Category								
Men who have sex with men (MSM)	32	38.55	179	46,25	181	45.82	52,139	30.65
Injection Drug User (IDU)	- 11	13.25	49	12.66	50	12.66	25,514	13.82
MSM and IDU	1	1.20	27	6.98	27	6.84	6,651	3.91
Hemophilia and /or Coagulation Disorder	0	0.00	0	0.00	0	0.00	492	.29
High Risk Heterosexual Contact	11	13.25	55	14.21	55	13.92	27,754	16.32
Transfusion/Transplant	0	0.00	3	.78	3	.76	914	.54
Risk Not Known	28	33.73	74	19.12	79	20.00	58,639	34.47
Total	83	99.98	387	100.00	395	100.00	170,103	100.00
Pediatric (<13 years) Category								
Hemophilia and/or Coagulation Disorder	0	0.00	1	16.67	l	16.67	109	2.78
Mother with HIV infection	1	100.00	5	83.33	5	83.33	3,336	85.04
Transfusion/Transplant	0	0.00	0	0.00	0	0	47	1.20
Risk Not Known	0	0.00	0	0.00	0	0	431	10.99
Total	1	100.00	6	100.00	6	100.00	3,923	100.01

<sup>\*</sup> Incidence is the number of new cases in a specific time.

\*\* Prevalent cases are those people presumed living with HIV and AIDS.

\*\*\* Cumulative cases are those people ever reported with HIV and AIDS.

<sup>\*\*\*\*</sup>Statistics for U.S. Data is taken from the CDC Surveillance Report

<sup>\*\*\*\*\*</sup>Age is based on the age at diagnosis

Prevalent Adult/Adolescent AIDS Cases by Exposure and Gender through December 31, 2002

Adult/Adolescent Exposure Category	Ma	le	Fem	nale	Total			
•	Number	Percent	Number	Percent	Number	Percent		
Men who have sex with men (MSM)	592	68%	0	0%	592	59%		
Injection Drug Users (IDU)	78	9%	32	24%	110	11%		
MSM and IDU	96	11%	0	0%	96	9%		
Hemophilia/Coagulation Disorder	9	1%	0	0%	9	1%		
Heterosexual Contact	51	6%	94	70%	145	14%		
Sex with IDU	10		20		30			
Sex with other high risk partner	1		15	-	16			
Sex with HIV infected individual whose risk is not known	40		59		99			
Transfusion/Transplant	7	1%	3	2%	10	1%		
Risk not known	42	5%	7	5%	49	5%		
TOTAL	875	101%	136	101%	101%	100%		

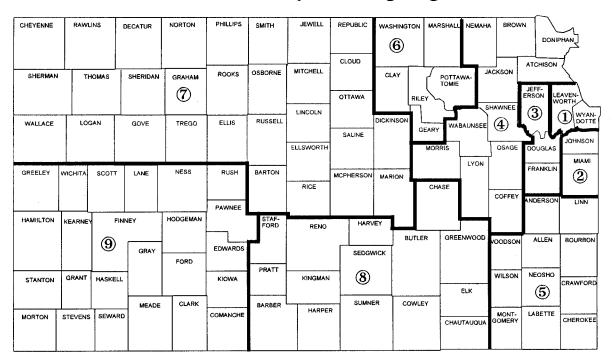
Percentages do not add up to 100% due to rounding

Prevalent Adult/Adolescent HIV Cases by Exposure and Gender through December 31, 2002

Adult/Adolescent Exposure Category	Ma	ale	Fen	nale	То	tal
	Number	Percent	Number	Percent	Number	Percent
Men who have sex with men (MSM)	179	58%	0	0%	179	46%
Injection Drug Users (IDU)	30	10%	19	24%	49	13%
MSM and IDU	27	9%	0	0%	27	7%
Hemophilia/Coagulation Disorder	0	0%	0	0%	0	0%
Heterosexual Contact	20	6%	35	45%	55	14%
Sex with IDU	3		8		11	
Sex with other high risk partner	0		2		2	
Sex with HIV infected individual	17		25		42	
whose risk is not known						
Transfusion/Transplant	3	1%	0	0%	3	1%
Risk not known	50	16%	24	31%	74	19%
TOTAL	309	100%	78	100%	387	100%

Percentages do not add up to 100% due to rounding

# Kansas Community Planning Regions



Region	Prevalent* HIV Cases as of December 2002	Cumulative** HIV Cases as of December 2002	Prevalent* AIDS Cases as of December 2002	Cumulative** AIDS Cases as of December 2002
1	80	81	238	488
2	54	54	165	420
3	10	10	42	100
4	32	36	94	247
5	17	17	24	113
6	11	11	30	86
7	17	17	41	93
8	149	150	355	832
9	20	22	28	70
Unknown	3	3	1	1
Total	393	401	1018	2450

<sup>\*</sup> Prevalent cases are those people presumed living with HIV or AIDS.

<sup>\*\*</sup> Cumulative cases are those people ever reported with HIV or AIDS.

<sup>\*\*\*</sup> County of Residence is based on the county of residence at time of diagnosis

State of Kansas
Prevalent Cases of HIV and AIDS by County
As of 12-31-02

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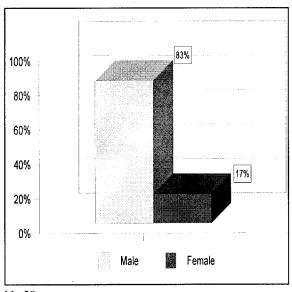
\* Prevalent cases are those people presumed living with HIV and AIDS. \*\* County of residence is based on county of residence at time of diagnosis.

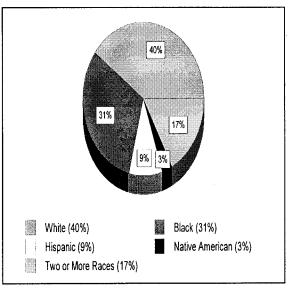
# SUPPLEMENT TO HIV AND AIDS SURVEILLANCE PROJECT (SHAS)

The SHAS Project is an in-depth interview designed to learn more about the problems faced by people living with HIV/AIDS in Kansas. The information obtained from this research will help in planning service programs that better meet the needs of the individuals in Kansas that are living with HIV/AIDS. It will also be used to help target prevention efforts in assessing the populations in Kansas with the greatest risk of infection. From August 1, 2001 to December 31, 2002, 58 participants have been interviewed. The following four charts illustrate the demographics of the participants. For further information you may call Jeni Trimble at 785-368-8218.

# % Of Completed SHAS Interviews By Gender





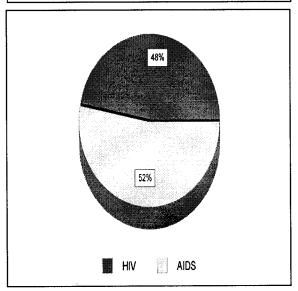


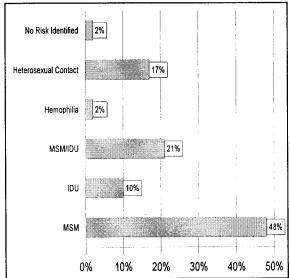
N = 58

N=58

# % Of Completed SHAS Interviews By Diagnosis

# % Of Completed SHAS Interviews By Risk Exposure



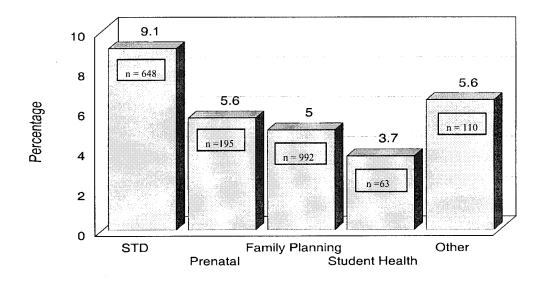


N = 58

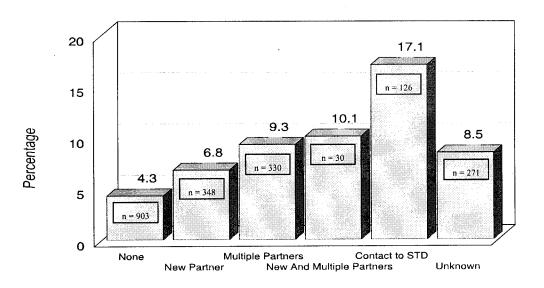
N = 58

# Kansas Infertility Prevention Project (KIPP) Jan - Dec 2002

# Percentage Chlamydia Positive by Clinic



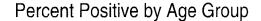
# Percentage Chlamydia Positive by Risk Factor



34,018 Females Screened: 2,008 Positives

Positivity is highest in STD clinics and contacts to STDs.

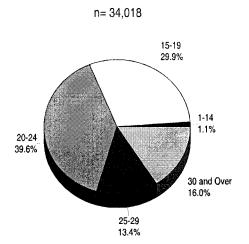
# KIPP Sites Screened 34,018 Females for Chlamydia Jan-Dec 2002 2,008 or 5.9% Were Positive



n = 2,008

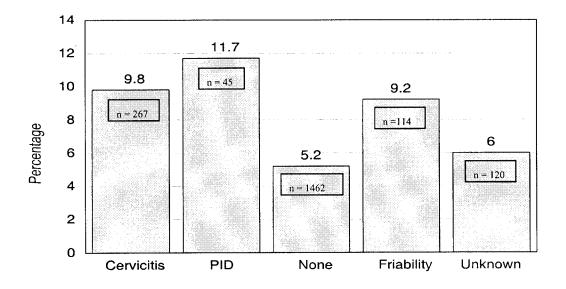
# 15-19 41.6% 1.14 1.6% 30 and Over 6.2% 25-29 10.1%

# Percent Tests by Age Group



Chlamydia screenings are directed at the age groups most at risk in Kansas.

# Chlamydia Test Results by Clinical Signs



34,018 Females Screened: 2,008 Positives

In FH2002, KIPP changed screening criteria to include all females in Prenatal and STD clinics and all females 24 years of age and under in Family Planning Clinics in addition to females 25 to 29 years of age in Family Planning Clinics that have symptoms of a chlamydial infection or have had sexual contact with a male with a positive test for an STD or urethritis. Males should not be tested as part of the Infertility Prevention Project.